File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



RECEIVEL APR - 7 2009

# FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of	f Organization)	7			
Citizens for Traer	S	Ιſ	FORM		
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candid: (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) Sc 11) Local Ballot Issue	ate (2)State PAC (3)State Party		DR-2 Rev. 07/2007) or Office Use On		
CANDIDATE COMMITTEES ONLY:					
Candidate Name	Political Party (if applicable)		Logged In Scanned Computer Audited		
Office Sought	District (if Senate or House)	^			
Late reports are subject to possible civil and criminal penaltie	s. Pursuant to lowa Code sections 68B.32A(7)	and 6	3A.401(3), the car	ndidate, for a	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	-	DATE SI	GNED	
AM FILING A	REPORT FOR (1) ELECTION /(2	)NON-	ELECTION YEA	R	
(report date)	Indicate by #	7			
CHECK IF AMENDMENT TO REPORT DATED	Loc	al Com	mittees, enter Date	of Election	
☐ Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	· Flori \	inty & l ch Elec	ocal Committees, tion is held	enter County in	
STATEMENT OF CASH ON H	AND				
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	<b>S</b>	604.16		
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•			
Schedule A: Cash Contributions total (Attach Sc	chedule A) (*also see in-kind below)		20.00		
Schedule F: Loans Received total (Attach Sche					
Schedule H: Total Sales of Campaign Property					
(Schedule H applies to Candidates' C					
	SUB-TOTAL	\$	624.16		
SUBTRACT TOTAL MONEY SPENT THIS PER	RIOD				
Schedule B: Expenditures total (Attach Schedul	e B) (**also see debts and loans below)		624.16		
Schedule F: Loan Repayments total (Attach Sch					
ASH ON HAND at the end of this reporting period (if final	il report balance must be zero)	\$	0.00		
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$			
IN KIND CONTRIBUTIONS (From Schedule E - Attach S	chedule E)	\$			
OUTSTANDING LOANS (From Schedule F - Attach Sch	nedule F)	\$			
ONSULTANT BREAKDOWN (Schedule G Attached?)		-	YESN	10	
ANDIDATE COMMITTEES ONLY:			<del></del>		
ALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	\$			
TATE COMMITTEES: Submit a reconsiled committee a	count bank statement in January of each ye				

### For Instructions, See Back of Form



SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Citizens for Traer	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	CASH DONATION		\$20.00	
03/04/2009	CK#				
<u> </u>	ID#				
	CK#				
	ID#				
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	CK#				
		<u></u>	SUB-TOTAL	\$ 20.00	1 -

Page 1 of 1 (for Schedule A)

20.00

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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### EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on	Statement of Organization)
Citizens for Tracr	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/04/2009	ID# CK#1013	Pat Stief, 216 Toledo St, Traer, IA	Yard Signs, reimbursed, bought from Carter Printing, DM	\$ <sup>624.08</sup>
03/25/09	ID# CK#	close checking Account		\$ ,08
	ID#			
	CK#			
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	CK#			
	<u></u>		SUB-TOTAL	\$ 624.98 16
			TOTAL (if last page of this schedule)	

						*******
THIS B	OY ADD	JES TO C	ANDIDA'	TES' CO	MMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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